

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2293-62-014553  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 2293

FILED MAY 14 1962

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City North</b>		Length of stay in lb <b>6 Weeks</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>I W. 38th St North</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2940 Forest Avenue</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>ALMA NANCY BARRETT</b>			4. DATE OF DEATH Month Day Year <b>April 22, 1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cauc.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 16, 1896</b>	9. AGE (last birthday) <b>65</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Nurse for the Lakeside Hospital</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>Guy Hill</b>	13b. MOTHER'S MAIDEN NAME <b>Winifred H.</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas Murry Barrett</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		
16. SOCIAL SECURITY NO.		17. INFORMANT <b>John M. Barrett I W. 38th St. North</b>

18. CAUSE OF DEATH (Enter only one cause per line for part I, part II, and part III) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Probable electrolyte imbalance</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1-2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cancer of gallbladder with metastases</b>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>April 11, 1962</b>	20f. CITY, TOWN, OR LOCATION <b>Kansas City Mo.</b>
21. I attended the deceased from <b>Feb. 26, 1962</b> to <b>March 21, 1962</b> and last saw her alive on <b>April 11, 1962</b> Death occurred at <b>11 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <b>E. L. Peterson</b>	(Degree or title) <b>MD</b>	22b. ADDRESS <b>6708 N. Oak, K.C. 18 Mo.</b>	22c. DATE SIGNED <b>April 24, 62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	23b. DATE <b>4-25-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>D.W. NEWCOMER'S SONS</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>		25. DATE RECD. BY LOCAL REG. <b>4-26-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

1 VS 300 Rev. 4/59  
2 3428  
3  
4 1  
5 2  
6  
7 0  
8 2  
9 155.1  
10  
11  
12 90-0  
13

BY AFFIDAVIT OF Physician Physician DOCUMENT

G. Peterson MEDICAL CERTIFICATION

21 Feb. 26, 1962 to 4-11-62 Det. 26-62 to 32-6-62. Patient has died 4-11-62

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*John M. Kalsbeek*  
4949 No. Oak St. Effort  
Kansas City 16, Mo.  
6766  
Ark. St. 1211 F.